

SPONSOR'S APPLICATION FOR PERMISSION
TO PLAN AN OFF-CAMPUS FIELD TRIP OR ACTIVITY

_____ School _____ Date

To: _____, Principal

From: _____, Teacher

Request is made for _____
Group/Class

to be given permission for the following field trip/activity:

Instructional Objective: _____

Number of students involved: _____

Place or Destination: _____

Dates: From _____ To _____

Departure: Time _____ Return Time _____

Drivers of private vehicles have been informed of liability, have a current Level II background screen, will use an appropriate vehicle per Board Policy 8660, have a valid Florida Driver's License, and completed **Statement of Insurance on Private Vehicles** form.: Yes No (Check One)

Chaperones: _____

Accommodations (If required): _____

It is understood that **Parent Permission and Responsibility Statements** (permission slips) will be obtained prior to starting the field trip/activity.

Approved: _____
Principal Date

FOR FIELD TRIPS OR ACTIVITIES INVOLVING MORE THAN TWO (2) DAYS MUST HAVE AREA SUPERINTENDENT APPROVAL:

Approved: _____
Area Superintendent Date